



TFC 1639

PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) C1123.70001US00
Application Number	10/017672-Conf. #9573	Filed December 14, 2001
For BINDING COMPOUNDS AND METHODS FOR IDENTIFYING BINDING COMPOUNDS		
Art Unit	1639	Examiner M. L. Shibuya

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/>	\$120	\$60	\$
<input type="checkbox"/>	\$450	\$225	\$
<input checked="" type="checkbox"/>	\$1020	\$510	\$ 510.00
<input type="checkbox"/>	\$1590	\$795	\$
<input type="checkbox"/>	\$2160	\$1080	\$

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825. I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 40,212

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

John R. Van Amsterdam January 12, 2006

Date

John R. Van Amsterdam

(617) 646-8233

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

510.00 OP
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Certificate of Mailing Under 37 CFR 1.8(a)

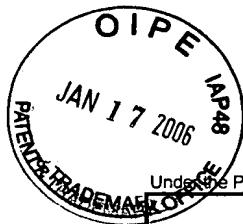
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 12, 2006

Signature: June M. Watson

(June M. Watson)

01/18/2006 HMARZI1 00000029 10017672
01 FC:2253



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/017672-Conf. #9573
		Filing Date	December 14, 2001
		First Named Inventor	Kiyotaka Nishikawa
		Art Unit	1639
		Examiner Name	M. L. Shibuya
Total Number of Pages in This Submission	2	Attorney Docket Number	C1123.70001US00

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Check in the amount of \$510.00 Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks Applicant claims small entity status.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.	
	A check in the amount of \$510.00 is enclosed to cover the three month extension fee. Please charge any underpayment or credit any overpayment to Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	John R. Van Amsterdam		
Date	January 12, 2006	Reg. No.	40,212

Certificate of Mailing Under 37 CFR 1.8(a)

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Dated: 1/12/06

Signature: (June M. Watson)